

730 Topeka
P.O. Box 287
Lyndon, KS 66451-0287
Phone: 785 828-3146

CITY OF LYNDON, KANSAS
LOT SPLIT APPLICATION

Fee: \$35.00

Date Paid: _____

For Office Use Only

Lot Split Application No. _____

Date: _____

Date Approved or Denied: _____

Please Return Request to: City of Lyndon, City Clerk

Attachment Required:

- ☐ Four (4) copies of scale drawing;
- ☐ Legal description of lots to be created;
- ☐ The location of any structure(s) on the lot or lots thereon, together with the precise nature, location and dimensions;
- ☐ Name, signature, and seal of the licensed engineer or registered land surveyor who prepared the drawing.

APPLICANT

OWNER

Name

Name

Address

Address

Area Code Telephone Number

Area Code Telephone Number

REQUEST

As provided in Article _____ of the Subdivision Regulations, City of Lyndon, Kansas, a lot split of Lot _____, Block _____, in the _____ Addition to the City of Lyndon is hereby requested. The lot is generally described as:

LOT SPLIT REQUIREMENTS

The lot split is sought to provide for the issuance of building permits in lots divided into not more than two (2) tracts without having to replat said lot.

The lot split application meets the following requirements:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | (a) No new street or alley or other public improvements is needed or proposed. |
| <input type="checkbox"/> | <input type="checkbox"/> | (b) No vacation of streets, alleys, setback lines, access control or easements is required or proposed. |
| <input type="checkbox"/> | <input type="checkbox"/> | (c) The lot split will not result in significant increases in service requirements (e.g., utilities, schools, traffic control, streets, etc.); or will not interfere with maintaining existing service level (e.g., additional curb cuts, repaving, etc.). |
| <input type="checkbox"/> | <input type="checkbox"/> | (d) There is street right-of-way as required by these regulations or the Comprehensive Plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | (e) All easement requirements have been satisfied. |
| <input type="checkbox"/> | <input type="checkbox"/> | (f) The split will not result in a tract without direct access to a public street. |
| <input type="checkbox"/> | <input type="checkbox"/> | (g) No substandard-sized lot or parcel will be created. |
| <input type="checkbox"/> | <input type="checkbox"/> | (h) The lot has not been previously split in accordance with these regulations. |

APPLICANT'S SIGNATURE:

OWNER'S SIGNATURE:

Date: _____

Date: _____

≈ This Section is for City Use Only ≈

STAFF ACTION

Date application was submitted to Zoning Administrator for review: _____

Recommendation of the Zoning Administrator: _____

Action of the Planning Commission: _____

Planning Commission Chairperson

Planning Commission Member

Planning Commission Member

Planning Commission Member

Planning Commission Member